

# TOXIC SHOCK SYNDROME (TSS) CASE INVESTIGATION - Page 1 of 2

Indiana State Department of Health  
State Form 51002 (R/10-05)

DIRECTIONS - PLEASE READ BEFORE YOU BEGIN:

- 1 Print firmly and neatly.
- 2 Only use pens with blue or black ink.
- 3 Fill in circles like this: ☒ Not like this: ☒ Mark mistakes like this: ☒
- 4 Print capital letters only and numbers completely inside boxes. 

A	2	C	3
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- 5 Please complete all items on form.
- 6 Date format: MM/DD/YY

## Section 1. Demographic Information

<div style="border-bottom: 1px solid black; width: 100%;"></div>										ISDH Action: <input type="radio"/> A case <input type="radio"/> Not a case																																																											
Last Name																																																																					
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Number & Street Address																																																																					
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County																				Date of Birth										Age																																							
Race:																																																																					
<input type="radio"/> Asian										<input type="radio"/> White										<input type="radio"/> Ethnicity:										<input type="radio"/> Is Age in																																							
<input type="radio"/> Black or African American										<input type="radio"/> Other/Multiracial										<input type="radio"/> Hispanic or Latino										<input type="radio"/> Not Hispanic or Latino										<input type="radio"/> Unknown										<input type="radio"/> day/mo/yr?																			
<input type="radio"/> American Indian or Alaska Native										<input type="radio"/> Unknown										<input type="radio"/> Sex:										<input type="radio"/> Male										<input type="radio"/> Female										<input type="radio"/> Unknown										<input type="radio"/> Days									
<input type="radio"/> Native Hawaiian or Other Pacific Islander																																																												<input type="radio"/> Months									
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## Section 2. Clinical Information

<div style="border-bottom: 1px solid black; width: 100%;"></div>																													
Date of Onset																													
Was the patient hospitalized?																													
<input type="radio"/> Yes <input type="radio"/> No																													
If Yes, admission date:																													
<div style="border-bottom: 1px solid black; width: 100%;"></div>																													
Discharge date:																													
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Hospital:																													
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Patient chart number:																													
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Physician:																													
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Physician phone:																													
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Outcome:																													
<input type="radio"/> Survived <input type="radio"/> Died <input type="radio"/> Hysterectomy <input type="radio"/> Amputation <input type="radio"/> Unknown																													

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**Symptoms (check all that apply):**

- Fever: Temperature greater than or equal to 102.0°F (greater than or equal to 38.9°C).
- Rash: Diffuse macular erythroderma.
- Desquamation: 1-2 weeks after onset of illness, particularly on the palms and soles.
- Hypotension: Systolic blood pressure less than or equal to 90 mm Hg for adults or less than the fifth percentile by age for children under 16 years of age; orthostatic drop in diastolic blood pressure greater than or equal to 15 mm Hg from lying to sitting, orthostatic syncope, or orthostatic dizziness.
- Gastrointestinal: Vomiting or diarrhea at onset of illness.
- Muscular: Severe myalgia or creatine phosphokinase level at least twice the upper limit of normal.
- Mucous Membrane: Vaginal, oropharyngeal, or conjunctival hyperemia.
- Renal: Blood urea nitrogen or creatinine at least twice the upper limit of normal for laboratory or urinary sediment with pyuria (greater than or equal to 5 leukocytes per high-power field) in the absence of urinary tract infection.
- Hepatic: Total bilirubin, alanine aminotransferase enzyme, or aspartate aminotransferase enzyme levels at least twice the upper limit of normal for laboratory.
- Hematologic: Platelets less than 100,000/mm<sup>3</sup>.
- Central Nervous System: Disorientation or alterations in consciousness without focal neurologic signs when fever and hypotension are absent.

**Were blood cultures positive?**

☐ Yes    ☐ No    ☐ Unknown

**If Yes, specify**

**Were throat or cerebrospinal fluid cultures positive?**

☐ Yes    ☐ No    ☐ Unknown

**If Yes, specify**

**Was there a rise in titer in Rocky Mountain spotted fever, leptospirosis, or measles?**

☐ Yes    ☐ No    ☐ Unknown

**Comments:**

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Investigator Name

Agency

Phone Number

Date